

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DB	20225	1-27-99
O.I.P.E. CLASSIFIER	unmo	68231	1-15-99
FORMALITY REVIEW			5-28-99

INDEX OF CLAIMS

- ✓ Rejected
- = Allowed
- (Through numeral) Canceled
- ÷ Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

BEST AVAILABLE COPY

Claim		Date	
Final	Original		
1	✓	12/20	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
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Claim		Date	
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If more than 150 claims or 10 actions
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